

Instructions

You have 15 minutes for this case.

You should treat this consultation as if it was face to face.

A patient record summary is provided for your information

Perform the following tasks within the case time:

1. Take an appropriate history
 2. Explore the patients concerns
 3. Explain your management plan to the patient
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Patient Record Summary

- **Name:** Geoff Thomas
- **Age:** 68 years
- **Gender:** Male
- **Indigenous Status:** Not Aboriginal or Torres Strait Islander
- **Allergies and Adverse Reactions:** Nil known
- **Medications:**
 - Bisoprolol 2.5 mg daily (for heart rate control)
 - Atorvastatin 40 mg daily (for cholesterol)
 - Aspirin 100 mg daily (antiplatelet)
 - Ramipril 5 mg daily (for hypertension)
- **Past History:**
 - Out-of-hospital cardiac arrest 2 months ago due to acute myocardial infarction (STEMI)
 - Return of spontaneous circulation (ROSC) achieved after 10 minutes of CPR and defibrillation by paramedics.
 - Underwent coronary angiography and stenting of a proximal left anterior descending (LAD) artery lesion.
 - Spent 3 weeks in the hospital ICU and cardiac ward, followed by 4 weeks in a cardiac rehabilitation program.
 - History of hypertension and hyperlipidaemia, managed with medications.
- **Social History:**

- Works as a part-time bus driver; previously drove 3 days a week.
 - Lives with his wife, enjoys occasional social gatherings, and walks daily.
 - Quit smoking 10 years ago after a 40 pack-year history.
 - Drinks socially, about 1-2 glasses of wine per week.
 - **Family History:**
 - Father: Deceased from a stroke at 72 years old.
 - Mother: Type 2 diabetes.
 - **Vaccination and Preventative Activities:**
 - Up to date with all routine vaccinations.
 - Attended regular GP check-ups before cardiac event.
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Scenario

Geoff Thomas, a 68-year-old part-time bus driver, presents to your clinic 2 weeks after being discharged from a cardiac rehabilitation program following a **cardiac arrest and subsequent recovery**. He is feeling well, reports no chest pain or breathlessness, and says he has been following his medication and rehabilitation plan closely.

He has brought his hospital discharge summary, which states: "**See GP re: fitness to drive**". Geoff is eager to know if he can resume driving, as he feels back to normal and misses the routine of his job. He's keen to understand when he can return to work and whether he can drive his private vehicle.

Clinical Examination Findings

- **General Appearance:** Healthy-looking, well-groomed, appears in good spirits.
- **Vital Signs:**
 - BP: 125/80 mmHg
 - HR: 60 bpm, regular (controlled on bisoprolol)
 - Temp: 36.7°C
 - RR: 14/min
 - SpO2: 98% on room air
- **Cardiovascular Examination:**

- Heart sounds: Normal S1 and S2, no murmurs.
 - No signs of heart failure (e.g., no peripheral oedema, no raised JVP).
 - **Respiratory Examination:** Clear breath sounds bilaterally.
 - **Neurological Examination:** Normal, no focal deficits.
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Discharge Summary Key Points:

- **Diagnosis:** Out-of-hospital cardiac arrest secondary to acute STEMI.
 - **Treatment:**
 - ROSC achieved following CPR and defibrillation.
 - PCI with stenting of proximal LAD.
 - Cardiac rehabilitation completed successfully.
 - **Follow-Up:**
 - Regular follow-up with cardiologist.
 - See GP regarding assessment for fitness to drive.
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Medical standards for licensing – cardiovascular conditions

Condition	Private standards (Drivers of cars, light rigid vehicles or motorcycles unless carrying public passengers or requiring a dangerous goods driver licence – refer to definition in Table 3)	Commercial standards (Drivers of heavy vehicles, public passenger vehicles or requiring a dangerous goods driver licence – refer to definition in Table 3)
Cardiac arrest	<p>The person should not drive for at least 6 months following a cardiac arrest.</p> <p>Limited exceptions apply – see below*.</p> <p>A person is not fit to hold an unconditional licence:</p> <ul style="list-style-type: none"> • if the person has suffered a cardiac arrest. <p>A conditional licence may be considered by the driver licensing authority subject to periodic review, taking into account the nature of the driving task and information provided by the treating doctor as to whether the following criteria are met:</p> <ul style="list-style-type: none"> • it is at least 6 months after the arrest; and • the cause of the cardiac arrest and response to treatment has been considered; and • there are minimal symptoms relevant to driving (chest pain, palpitations, breathlessness). <p><i>* A shorter non-driving period may be considered subject to specialist assessment if the cardiac arrest has occurred within 48 hours of an acute myocardial infarction, or if the arrhythmia causing the cardiac arrest has been addressed by radio frequency ablation surgery or by pacemaker implantation.</i></p>	<p>The person should not drive for at least 6 months following a cardiac arrest.</p> <p>A person is not fit to hold an unconditional licence:</p> <ul style="list-style-type: none"> • if the person has suffered a cardiac arrest. <p>A conditional licence may be considered by the driver licensing authority subject to annual review, taking into account the nature of the driving task and information provided by the treating specialist as to whether the following criteria are met:</p> <ul style="list-style-type: none"> • it is at least 6 months after the arrest; and • a reversible cause is identified and recurrence is unlikely; and • there are minimal symptoms relevant to driving (chest pain, palpitations, breathlessness).